



# Water Resources Program Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

RECEIVED

JUN 21 2013

WA State Department  
of Ecology (SWRO)

Follow the attached instructions. Attach additional sheets as necessary.

- ☒ GROUND WATER ☐ SURFACE WATER  
☒ PERMANENT ☐ SHORT TERM ☐ TEMPORARY  
☐ DROUGHT

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

## Section 1. APPLICANT

Applicant/Business Name: Blue Horizon Water Company Att: Jack McMahon		Phone No: 360 893 5195	Other No:
Address: PO Box 759			
City: Orting		State: WA	Zip: 98360
Email Address (optional):			

  

Contact Name (if different from above): Jill Van Hulle, Pacific Groundwater Group		Phone No: 360-413-1510	Other No:
Relationship to Applicant: Consultant			
Address: 312 4 <sup>th</sup> Avenue East			
City: Olympia		State: WA	Zip: 98501
Email Address (optional): Jill@pgwg.com			

  

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Jack McMahon Wolf River LLC Daybreak Project		Phone No: 360 893 5195	Other No:
Address: same			
City:		State:	Zip:

Signatures are required. See page 7.

For Ecology Use	APPLICATION NO: G2-30621		SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/>	Check No:	ECY Coding: 001-001-WR1-0285-000011
Date Returned		By	Priority Date 6-21-13 By SC WRIA: 10 Pierce



## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Briefly describe the purpose of your proposed project:

Expansion of Blue Horizon Water system to serve new development

Anticipated length of time to complete your project: 1 year

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Municipal Supply	250		Approx 80	Continuously
<b>TOTAL:</b>	250		Approx 80	

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: <u>Approximately 200 to 300 ft.</u>
Tributary to: _____	Number of proposed points of withdrawal: 3 existing and one proposed well
Number of proposed diversion points: _____	Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____



C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
0418013043	SW	SW	1	18	4E	Pierce
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>460</u> Feet ( <input checked="" type="checkbox"/> North/ <input type="checkbox"/> South) and <u>120</u> feet ( <input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input checked="" type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ) corner of Section <u>1</u> .						
Parcel No.	¼	¼	Section	Township	Range	County
0418013043	SW	SW	1	18	4E	Pierce
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>930</u> feet ( <input checked="" type="checkbox"/> North/ <input type="checkbox"/> South) and <u>460</u> feet ( <input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input checked="" type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ) corner of Section <u>1</u>						
Parcel No.	¼	¼	Section	Township	Range	County
0418013043	SW	SW	1	18	4E	Pierce
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>600</u> feet ( <input checked="" type="checkbox"/> North/ <input type="checkbox"/> South) and <u>250</u> feet ( <input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input checked="" type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ) corner of Section <u>1</u>						
Parcel No.	¼	¼	Section	Township	Range	County
0418013043	SW	SW	1	18	4E	Pierce
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>    </u> feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and <u>    </u> feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ) corner of Section <u>    </u>						

Section 4. PLACE OF USE						
Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.						
Area served by the Blue Horizon Water Company						
¼	¼	Section	Twp.	Range	County	Parcel No.
					Pierce	

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number:

\_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO



If yes, provide the water right and/or claim numbers:

G2-26404, G2-28435 and G2-28436

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Existing Group A water system to be expanded, current water rights allow for 130 gpm, and 49 acre-feet per year

## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: 410
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: 995 (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – We have a Small System Water Management Plan which does not require approval	
If yes, date plan was approved ____/____/____ Water System Number: 30321	
Name of water system: Blue Horizon Water Company	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system:	
N/A – we are the water supplier	



## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock:

N/A

Is the proposed project for a dairy farm? ☐ YES ☒ NO

### Other Proposed Farm Uses

Describe all proposed uses:

N/A

### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works:

N/A

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### Mining/Industrial Use

Describe use, method of supplying and utilizing water:

N/A



Other Use

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe:

← should be no

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site:

We will make arrangements for site visit

Site Address:

Near 19515 Orting-Kapowsin Hwy, near Graham, WA



## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Jack McMahon  
Print Name  
(Applicant or authorized representative)

*Jack McMahon*  
Signature

6/20/13  
Date

Jack McMahon  
Print Name  
(Legal Owner or Part Owner Place of Use)

*Jack McMahon*  
Signature

6/20/13  
Date

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.  
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

